

Montana Medicaid – Fee Schedule **Personal Assistance Services** **August 1, 2011**

Description – Procedure code short description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination. For example:

U9 = self-directed

TE = nurse supervision/oversight

TS = follow-up service used for personal assistance and self-directed personal assistance.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Schedule: Rates listed are maximum paid. Providers must bill Medicaid the negotiated rate agreed upon with the Department.

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Proc	Modifier	Modifier	Description	Effective	Method	Fee	PA
A0080			Non-Emergency Transportation – per mile	10/1/2008	Fee Schedule	\$0.33	
T1019			Personal Assistance Services – 15 minutes	8/1/2011	Fee Schedule	\$4.45–\$4.96	Y
T1019	TE		Nurse Supervision Personal Assistance Services – 15 minutes	8/1/2011	Fee Schedule	\$4.45–\$4.96	
T2001			Medical Escort	8/1/2011	Fee Schedule	\$4.45–\$4.96	
T1019	U9		Self-Directed Personal Assistance Services – 15 minutes	8/1/2011	Fee Schedule	\$3.68–\$4.16	Y
T1019	U9	TE	Self-Directed Oversight Personal Assistance Services – 15 minutes	8/1/2011	Fee Schedule	\$3.68–\$4.16	
T2001	U9		Medical Escort	8/1/2011	Fee Schedule	\$3.68–\$4.16	

Personal Assistance and Self-Directed Personal Assistance rates are based on negotiations with the Department through the FY 2012 Direct Care Worker Wage Initiative process. Providers must submit annual reports to the Department to remain eligible for this funding. Providers agree to bill at the rate outlined in their billing certification letter for FY 2012. Providers understand that periodic audits will take place and a recovery will occur if they bill above their rate.

The 2% provider rate increase was allocated in House Bill 645 as a one-time appropriation. A one-time appropriation means that it will not be included in the Department's base budget after SFY 2011. If the next legislature does not take specific action to continue this provider rate increase, rates will be decreased to SFY 2009 levels.